

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003087

FILED  
Feb 24, 2010  
Secretary of State

**Entity Name:** CRIME STOPPERS OF NORTHEAST FLORIDA, INC.

**Current Principal Place of Business:**

420 N HALIFAX AVE.  
#4B  
DAYTONA BEACH, FL 32118

**Current Mailing Address:**

P O BOX 15224  
DAYTONA BEACH, FL 321155224

**New Principal Place of Business:**

250 N. BEACH STREET  
ANNEX  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

250 N. BEACH STREET  
ANNEX  
DAYTONA BEACH, FL 32114

**FEI Number:** 59-3395571

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEWEES, SUZANNE  
420 N HALIFAX AVE.  
#4B  
DAYTONA BEACH, FL 32118 US

**Name and Address of New Registered Agent:**

DEWEES, SUZANNE  
250 N. BEACH STREET  
ANNEX  
DAYTONA BEACH, FL 32114 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DR. SUZANNE M. DEWEES

02/24/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR.  
Name: LENTZ, CARL IV  
Address: 600 S. ATLANTIC AVE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MR.  
Name: GRAHAM, JOHN  
Address: PO BOX 2801  
City-St-Zip: DAYTONA BEACH, FL 32120

Title: MR.  
Name: WHEELER, ROBERT  
Address: 1155 BUENA VISTA DR.  
City-St-Zip: HOLLY HILL, FL 32117

Title: MR.  
Name: ROICKI, JOHN  
Address: 121 EXECUTIVE CIRCLE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MR.  
Name: STALY, RICK  
Address: 4873 PALM COAST PKWAY NW, SUITE 1  
City-St-Zip: PALM COAST, FL 32137

Title: MS.  
Name: ALEXANDER, JOIE  
Address: 1930 SECLUSION DR  
City-St-Zip: PORT ORANGE, FL 32128

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUZANNE M. DEWEES

DR.

02/24/2010

Electronic Signature of Signing Officer or Director

Date